

**CONCERNING:** \_\_\_\_\_**RETURN TO:** \_\_\_\_\_

The above named individual(s) is/are in the process of adopting a child.

It is the duty of the State Department of Social Services to complete an assessment of this family. It is the purpose of our assessment to determine if this family is able to provide responsible and loving care to an adopted child.

Your name has been given by the family as a reference. Please answer the following questions and return the completed form within seven days in the enclosed envelope. If you desire to have us keep your name confidential, please indicate.

Thank You  
State Department of Social Services

1. How long have you known this/these individual(s)? \_\_\_\_\_

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2. In what capacity? \_\_\_\_\_

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3. Of the following characteristics, which ones best describe this/these individual(s)? *(Please check all that apply)*

**MALE**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Outgoing      | <input type="checkbox"/> Shy       |
| <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Active    |
| <input type="checkbox"/> Awkward       | <input type="checkbox"/> Happy     |
| <input type="checkbox"/> Friendly      | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Responsible   | <input type="checkbox"/> Nervous   |
| <input type="checkbox"/> Serious       | <input type="checkbox"/> Stubborn  |
| <input type="checkbox"/> Supportive    | <input type="checkbox"/> Rigid     |
| <input type="checkbox"/> Hardworking   | <input type="checkbox"/> Calm      |
| <input type="checkbox"/> Moody         | <input type="checkbox"/> Involved  |
| <input type="checkbox"/> Confident     | <input type="checkbox"/> Flexible  |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Fun       |
| <input type="checkbox"/> Compulsive    | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Impulsive     | <input type="checkbox"/> Careful   |
| <input type="checkbox"/> Other: _____  |                                    |

**FEMALE**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Outgoing      | <input type="checkbox"/> Shy       |
| <input type="checkbox"/> Aggressive    | <input type="checkbox"/> Active    |
| <input type="checkbox"/> Awkward       | <input type="checkbox"/> Happy     |
| <input type="checkbox"/> Friendly      | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Responsible   | <input type="checkbox"/> Nervous   |
| <input type="checkbox"/> Serious       | <input type="checkbox"/> Stubborn  |
| <input type="checkbox"/> Supportive    | <input type="checkbox"/> Rigid     |
| <input type="checkbox"/> Hardworking   | <input type="checkbox"/> Calm      |
| <input type="checkbox"/> Moody         | <input type="checkbox"/> Involved  |
| <input type="checkbox"/> Confident     | <input type="checkbox"/> Flexible  |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Fun       |
| <input type="checkbox"/> Compulsive    | <input type="checkbox"/> Assertive |
| <input type="checkbox"/> Impulsive     | <input type="checkbox"/> Careful   |
| <input type="checkbox"/> Other: _____  |                                    |

4. What are the strong qualities of this/these individual(s)? \_\_\_\_\_

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5. What are the weaknesses of this/these individual(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What kinds of experiences has/have this/these individual(s) had with children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. This/these individual(s) is/are very capable of providing love and security to a child. *(Check one for each person)*

**MALE**

- ☐ Strongly agree
- ☐ Agree
- ☐ Somewhat agree
- ☐ Disagree
- ☐ Strongly disagree

**FEMALE**

- ☐ Strongly agree
- ☐ Agree
- ☐ Somewhat agree
- ☐ Disagree
- ☐ Strongly disagree

8. To your knowledge, is/are this/these individual(s) affiliated with any cults, groups or organizations that promote beliefs which cause you concern and/or seem incompatible with responsible parenting?

☐ Yes    ☐ No    If Yes, please name: \_\_\_\_\_

9. Below, please find a list of problem behaviors. Have any of these behaviors been a problem for this/these individual(s)?

**MALE**

- ☐ Excessive use of alcohol
- ☐ Poor work history
- ☐ Child abuse
- ☐ Drug abuse
- ☐ Violent behavior
- ☐ Poor money management
- ☐ Compulsive gambling
- ☐ Deviant sexual behavior
- ☐ Mental illness
- ☐ Criminal activities
- ☐ N/A
- ☐ Other: \_\_\_\_\_

**FEMALE**

- ☐ Excessive use of alcohol
- ☐ Poor work history
- ☐ Child abuse
- ☐ Drug abuse
- ☐ Violent behavior
- ☐ Poor money management
- ☐ Compulsive gambling
- ☐ Deviant sexual behavior
- ☐ Mental illness
- ☐ Criminal activities
- ☐ N/A
- ☐ Other: \_\_\_\_\_

10. If you checked any of the problem behaviors listed in question #9, please elaborate on the nature of the problem and how it was

dealt with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. This is a compatible couple with a stable marriage. *(Please check one)*  
☐ N/A    ☐ Strongly agree    ☐ Agree    ☐ Somewhat agree    ☐ Disagree    ☐ Strongly disagree
12. Which of the following statements best describe the level of community involvement maintained by this/these individual(s)?  
*(Check all that apply)*  
☐ Many close friends    ☐ Several close friends    ☐ Few or no close friends  
☐ Regularly attend religious services    ☐ Occasionally attend religious services    ☐ Never attend religious services  
☐ Many social contacts    ☐ Several social contacts    ☐ Few or no social contacts  
☐ Active in community    ☐ Some community involvement    ☐ No community involvement
13. Would you feel comfortable allowing this/these individual(s) to care for your child permanently if you were unable to do so?  
*(Please check one)*  
☐ Very comfortable    ☐ Comfortable    ☐ Somewhat comfortable  
☐ Uncomfortable    ☐ Very uncomfortable    ☐ N/A
14. Would you like to discuss any of your answers further?  
☐ Yes - Day phone # (\_\_\_\_\_) \_\_\_\_\_  
☐ No
15. May we call you if we have further questions?  
☐ Yes - Day phone # (\_\_\_\_\_) \_\_\_\_\_  
☐ No
16. It would be helpful to us to know if you plan to discuss the contents of your reply with the subject(s). Please put a check next to the statement that reflects your intention.  
☐ I plan to discuss the content of my reply    ☐ I have discussed the content of my reply  
☐ I do not plan to discuss the content of my reply

**ADDITIONAL COMMENTS:** *(Please use this space to include additional information that you believe we should be aware of)*

Thank you for completing this questionnaire.

SIGNATURE

DATE